THE COMPTON WEAR OF REALTHOUGH PARTY PARTY

5474323

## REGISTRAR OF VITAL STATISTICS CERTIFIED COPY

## KENTUCKY CERTIFICATE OF DEATH

116 201841147

Case #: E201811190191

	1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any)  1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE 2. SEX														
	BRENDA KAYE LOGAN						N/A	MININGE			FEMALE				
	(Month/Day/Year) (Spell Month)		CURITY NUMBER	5a. AGE-LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR Months Days		UNDER 1 DAY Minutes		6. DATE OF BIRTH		7. COUNTY OF DEATH				
<del>-</del>	8. PLACE OF DEATH (Check only one)			73			Decede	nt's		LUGAI	N				
be	HOSPITAL:   Inpatient   ER/O	HOSPITAL: Inpatient ER/Outpatient Dead on Arrival OTHER: Hospice Facility Mursing Home/Long Term Care Facility Residence Other (Specify)  9. FACILITY NAME (If not institution, give street and number)  10. CITY OR TOWN, STATE AND ZIP CODE													
Be Typed)	9. FACILITY NAME (If not institution, give stree AUBURN HEALTH CARE			T			, KY 4220	6							
ıst B	11. BIRTHPLACE (City and State or Foreign Co	12. MARITAL STATUS  Married  Married but Separated	Widowed Divorced	Never Marrie Unknown	13. SUR	VIVING SPOUSE	e name prior to	o first marriage)							
Funeral Director (Must	14. DECEDENT'S USUAL OCCUPATION (Kind of (Do not use retired)  HOMEMAKER	most of working life.)	15. KIND OF E	USINESS/INDUSTRY				16. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes X No							
양	17a. RESIDENCE - State 17b. COUNTY	17c. CITY OR TOWN			TAND NUMBE	R	17e. ZIP CODE			17f. INSIDE CIT	Y				
)ire	KENTUCKY LOGAN	RUSSELLVI	LLE	109 CLIN	TON STRE	ET	42276			LIMITS?	] No				
a	18. DECEDENTS EDUCATION (Check the box that best describes the highest	best describes v	HSPANIC ORIGIN? (Check the whether the decedent is Spanish	/Hispanic/Latino, Chec	20. DECED	ENTS RACE or more races	to indicate what th	e decedent o	considered hir	mself or herself to b	oe)				
Ē	school completed at the time of death.)    Bith Grade or Less   Sh. Less   Sh		X No, not Spanish/	e decedent is not Spanish/Hisp Hispanic/Latino	nic/Latino.)		or African Amer	ican	Oth	amoan her Asian					
			Yes, Mexican, M Yes, Puerto Rica	exican American, Chicano n	, Chicano		Hawaiian ndian		□ Oth		Specify) ther Pacific Islander				
By:				sh/Hspanic/Latino		Filipino	Chinese Filipino Japanese			(Specify) American Indian or Alaska Native (Name of the enrolled or principal tribe)		ibe)			
Completed B					Guama Korean Vietnar										
	21. FATHER'S NAME (First, Middle, Last) PORTER EARL LOGAN			22. MOTHERS I			IAGE (First, Middl	SE (First, Middle, Last)							
	23a. INFORMANT'S NAME	23b. RELATIONSHIP	TO DECEDENT				City, State, Zip Co								
o Be	MAGGIE BELTOWSKI         SISTER           24. METHOD OF DISPOSITION (Check only one):         25. Pt			OF DISPOSITION (Name of ce				KFIELD, KY 4 OCATION - City,		State					
ĭ	■ Burial	CEMETERY				BURN, KY									
	27. SIGNATURE OF FUNERAL SERVICE LICENS	SEE (Or person ac	ting as such)	DATE SIGNED (MIWDD/YYYY)	28. KY LICENSE N (of licensee)	IUMBER		D COMPLETE AD			CILITY				
	TAMMERIA T. RAMSEY  (Must Use Blue/Black Ink) Electronic signature	11/19/2018	6699			SUMMERS, KIRBY & SANDERS FUNERAL HOME PO BOX 56 RUSSELLVILLE, KY 42276									
	30. DATE PRONOUNCED DEAD (MW/DD/YYYY)			OR PRESUMED TIME OF DEAT	н	32. WAS ME	I DICAL EXAMIN	ER OR CORONER	CONTACT	ED?					
	11/16/2018 0735						X Yes No								
	11/16/2018		0735				X Ye	s   No	É						
	33. PART I. Enter the chain of events - disease	s, injuries, or compl	ications - that caused d	eath, DO NOT enter terminal ev	E OF DEATH ints such as cardiac ar	rest, respirator			l.	Ar Betw	pproximate Interval een Onset and De	alh			
	33. PART I. Enter the chain of events - disease fibrillation without showing the etiolog	y. DO NOT ABBRE a. OVAR	ications - that caused di VIATE. Enter only one o	eath, DO NOT enter terminal ev cause on each line.		rest, respirator				Ar Betw	een Onset and De	ath			
	33. PARTI. Enter the chain of events - disease fibrillation without showing the etiolog IMMEDIATE CAUSE (Final disease or condition resulting in death) -> Sequentially list conditions, if any, leading	y. DO NOT ABBRE a. OVAR	ications - that caused di VIATE. Enter only one	eath, DO NOT enter terminal ev cause on each line.		rest, respirator				Betwe	een Onset and De	alh			
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ompleted By:	33. PART I. Enter the chain of events - disease fibrillation without showing the etiolog IMMEDIATE CAUSE (Final disease or condition resulting in death) - Sequentially list conditions, if any, leading to the cause said on tine a.  Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST  PART II. Enter other significant conditions contrib  35. WAS AN AUTOPSY PERFORMED?  36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  17 Yes No.  39. DATE OF INJURY (Monthy Day/Year) (Spell Month)  44. DESCRIBE HOW INJURY OCCURRED:	y, DO NOTABREE  a. OVAR  DUE TO (C b. DUE TO (C c. DUE TO (C d.  J. DUE TO	ications - that caused di VIATE Enter only one - IAN CANCER  OR AS A CONSEQ  O	uento, DO NOT enter terminal evicause on each line.  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  Advantage given in Part I  Well of the program of the program of the part I  Advantage given in Part I  Advan	ant within past year ant, but pregnant within ant, but pregnant within ant, but pregnant 43 dr y (e.g., Decedent's he redaurant; wooded an	n 42 days of days to 1 year burne; 43. aa)	y arrest, or ven  bath efore death  F TRANSPORT  INJURY (Street  47. DA1	34. MANNE  34. MANNE  Natu  Hom  Suici  ATION INJURY, S  Pedestrian  Other (S	R OF DEATI ral	Between 2010 YE.  2010 YE.  Accident Pending Could no at time of deatt pregnant with	AR(S)  Investigation to be Determine to be Determine to be determined to b				
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This is to certify that this is a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered at the Kentucky Office of Vital Statistics under the file number shown.

DATE ISSUED 11/27/2018

Christina S. Stewart



## Case 3:16-md-02738-MAS-RL**Ske Programe of RTMGCATE ibrob@5/M4**/19 Page 2 of 2 Page 10: 50998 Case #: E201811190191

, ,		ALLE /First A	Aiddle I anti Unaluda	AVA's if and						-	1h IF	FEMALE, DECEDER	MTSIASTN	IAME PRIOR	2. SEX		
1 1	1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any)										FIRST MARRIAGE		AWIE PRIOR	Z. JEX			
	BRENDA KAYE LO								N/A		FEMALE						
_	3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month)		4. SOCIAL SECURITY NUMBER				5b. UNDE Months	NDER 1 YEAR 5c. UN				DATE OF BIRT	H 7. COUNTY OF		EATH		
yped)	November 16, 201	18	407-62-2358	}	73	ITHUAT (Teals)	Monins	Days	Hours	Million	october 1	07/15/1945	LO	GAN			
a	8. PLACE OF DEATH (Check	·								Decedent's							
	HOSPITAL: ☐ Inpatient	☐ ER/Outp		mival OTHER:	☐ Ho	spice Facility	Nursin										
o l	9. FACILITY NAME (If not insti	litution, give stre	et and number)					1				TATE AND ZIP (	CODE				
00	AUBURN HEALTH CARE			140.1	MADITA	L STATUS			AUB	JKN,		42206	OUSE OF	wife nive name	e prior to first marriage)		
st	11. BIRTHPLACE (City and Sta		country)		Married	LSIAIUS	☐ Widov	ved 🗵 N	lever Ma	arried			OUGE (III )	me, give name	phonio marmage)		
(Must	LEWISBURG, KEN				☐ Married but Separated ☐ Divorced ☐ Unknown						N/A	Α	WAS DECE	DENT EVER IN U.S.			
	<ol> <li>DECEDENT'S USUAL Of (Do not use retired)</li> </ol>	g most of working life.) 13. KIND OF BUSINESS/INDUSTRY							ARMED FORCES?								
ō	OMEMAKER			OWN HOME										☐ Yes 🕱 No			
irector	17a. RESIDENCE - State	17b. COUN	TY	17c. CITY C	OR TOW	/N		17d. STR	EET AN	ID NUME	BER		17e. ZIP	CODE	17f. INSIDE CITY		
i.e	VENTUCKY	LOGAN		PUSSELL	VIIIE			109 CLI	NTON	STRFF	-т		42276	;	LIMITS?  ☑ Yes ☐ No		
-	KENTUCKY  18. DECEDENT'S EDUCATION	RUSSELLVILLE 19. DECEDENT OF HISPANIC ORIGIN? (Check					that 20	D. DECE	DENT	'S RACE							
uneral	(Check the box that best described school completed at the time of	ribes the highes of death.)	best describ	oes wheth No" box it	er the decedent the decedent is	is Spanish/l not Spanish	lispanic/Lati /Hispanic/La		heck one White			what the dec		red himself or herself to be)			
je	X 8th Grade or Less							Black	or Afri	ican American	☐ Other	Asian					
	<ul><li>☐ 9th -12th Grade; No Diplo</li><li>☐ High School Graduate or</li></ul>		eted	No, not S	panish/	Hispanic/Latir exican Americ	10 ean Chica	20		Native Asian					der		
ഥ	☐ Some College Credit but	No Degree		T Yes Pue	rto Rica	n	an, Omoa	10		Chines Filipine			(Speci		n Indian or Alaska Native		
::	<ul><li>☐ Associates Degree (e.g.,</li><li>☐ Bachelor's Degree (e.g.,</li></ul>	BA, AB, BS)		Yes, Cub	an er Spanis	sh/Hispanic/L	atino			Japan	iese				f the enrolled or principal tribe)		
B	☐ Master's Degree (e.g., M/ ☐ Doctorate (e.g., PhD, Edil	A, MS, MEng	, MEd, MSW, MBA)	(Specify)						Guam Korea		or Chamorro	Other	Other			
g	MD, DDS, DVM, LLB, JD	)) ))	ional Degree (c.g.,							] Vietna	mese		(Specify)				
eted	21. FATHER'S NAME (First, M	Middle, Last)										RST MARRIAGE	(First, Mid	dle, Last)	140		
d	PORTER EARL LO	OGAN						SIE BE						*			
ldmo	23a. INFORMANT'S NAME			23b. RELATI	ONSHIF	TO DECEDE	NT 23c.	MAILING	ADDRE	SS (Stre	et and	Number, City, State	, Zip Code)				
	MAGGIE BELTOWS	KI		SISTER						- 15	364	ROCKFIELD,					
Be	24. METHOD OF DISPOSITION ☐			25. PLA	CE OF	DISPOSITION	(Name of	emetery, cr	ematory,	or other p	dace)	26. LOCATION	- City, Town	n, and State			
0	☐ Removal from State ☐ 0			SMIT	'H CE	METER'			Mu.		Ni.	AUBURN,			S		
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